

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) <b>MATTHEW UHALDE</b> U.S. DEPARTMENT OF JUSTICE, TAX DIVISION P.O. BOX 683 WASHINGTON, DC 20044  TELEPHONE NO.: (202) 353-0013   FAX NO.   E-MAIL ADDRESS (Optional): matthew.p.uhalde@usdoj.gov ATTORNEY FOR (Name): plaintiff.		FOR COURT USE ONLY     <div>             Hearing Date: Room:              Hearing Time: Dept:           </div>	
<b>UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ALASKA</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: , AK BRANCH NAME:			
PLAINTIFF: UNITED STATES OF AMERICA  DEFENDANT: DAVIDE W. JAMES,; ET. AL.		CASE NUMBER:  <b>3:24-cv-00157-HRH</b>	
<b>PROOF OF SERVICE</b>		Ref. No. or File No.: <b>U.S. v. Davide James (2024100464)</b>	

AT THE TIME OF SERVICE I WAS AT LEAST 18 YEARS OF AGE AND NOT A PARTY TO THIS ACTION  
**I SERVED COPIES** OF THE FOLLOWING DOCUMENTS:

**SUMMONS IN A CIVIL ACTION; COMPLAINT;**

PARTY SERVED: **COASTAL COMMUNITY BANK C/O AVEN FINANCIAL INC.**

PERSON SERVED: **RACHEL BORG - AUTHORIZED TO ACCEPT SERVICE - EXECUTIVE ASSISTANT**

DATE & TIME OF DELIVERY: **7/25/2024**  
**9:57 AM**

ADDRESS, CITY, AND STATE: **910 Campisi Way Ste 2D**  
**Campbell, CA 95008**

PHYSICAL DESCRIPTION: **Age: 30**      **Weight: 115**      **Hair: BROWN**  
**Sex: Female**      **Height: 5'6**      **Race: CAUCASIAN**

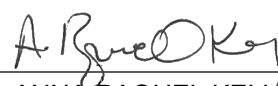
MANNER OF SERVICE:  
**Personal Service - By personally delivering copies.**

Fee for Service: \$ 99.00


 Registration No.: 1815  
 County: SANTA CLARA  
 JPL PROCESS SERVICE, LLC  
 14482 BEACH BLVD. STE X  
 WESTMINSTER, CA 92683  
 (866) 754-0520



I declare under penalty of perjury under the laws of the  
 The State of California that the foregoing information  
 contained in the return of service and statement of  
 service fees is true and correct and that this declaration  
 was executed on July 25, 2024.

Signature:   
 ANNA RAQUEL KELLEY

**PROOF OF SERVICE**